

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**John P. Kacavas, Esq.**  
**United States Attorney, NH**  
**US Attorney's Office**  
**53 Pleasant St., 4th Floor,**  
**Concord NH 03301**

2. Article Number

(Transfer from service label)

7004 2510 0003 1201 7285

A. Signature

X *Tom Kasyan*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

*Tom Kasyan*

C. Date of Delivery

*3/16/15*

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE

PM 030

15 MAR 15



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

PM 7 L

Office of Clerk of Court  
Attn: Charli M. Pappas  
US District Court - NH  
55 Pleasant St., Room 110  
Concord NH 03301

2015 MAR 18 A 11:39

DISTRICT COURT  
U.S. DISTRICT OF N.H.  
FILED

Re: 12cv555-JL

